SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece

PHS Medical Male Dentist
Bullock Correctional Facility
P O Box 5107
Union Springs, AL 36089

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Bruce Ho...

C. Date of Delivery 2/1/07

...address different from item 1? ☐ Yes
...er delivery address below: ☐ No

06cv1109
pmc order + cmp

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Numb 7006 2760 0002 8193 2504
(Transfer fron

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540